

- Directors of Nursing
- Directors/Heads of Midwifery
- Regional Chief Nurses
- All Midwives

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Dear colleague,

Moving towards a new model of midwifery supervision

I am writing to update you on the work to date to develop the new model of midwifery supervision and to let you know about some forthcoming communications and engagement opportunities that you can watch out for and take part in, ahead of publication of the new model on the 1 April this year.

The policy paper 'Proposals for changing the system of midwifery supervision in the UK' (Department of Health 2016), a framing document outlines the requirement to devise an overarching system of midwifery supervision that will be put in place when statutory supervision is removed.

Each UK country convened a taskforce led by the Chief Nursing Officers (CNO) of each country to examine and embed the principles for midwifery supervision outlined in the Department of Health's policy paper.

[The England Supervision Taskforce](#) was formed by NHS England and the England CNO in January 2016 and is responsible for developing the new model of midwifery supervision for England. Through extensive engagement¹; we have now developed a new model that is currently being piloted by a number of Trusts across the country.

The new model is called A-EQUIP, an acronym for advocating for education and quality improvement. The title 'supervisor of midwives' has been changed to 'Professional Midwife Advocate' (PMA) and a programme of education to develop the PMA role is also being tested at the pilot sites. The programme is currently referred to as the PMA bridging programme and will prepare midwives that have previously undertaken the preparation of supervisors of midwives course to become

¹ More than ten months of engagement with over 2,400 people, across the healthcare system including:
Survey responses -1,400;
Online platform used by 280 people to comment on the replacement model;
Contributions from over 400 delegates at the 2016 RCM conference where we tested the evolving A-EQUIP model;
Contributions from over 800 delegates at various conferences;
'Think Tank' event of stakeholders;

PMAs. The bridging programme is approximately four days in duration and will be supported by e learning.

The A-EQUIP model is a continuous improvement process that helps to build personal and professional resilience, enhances quality of care for women and babies and supports preparedness for appraisal and professional revalidation. The A-EQUIP approach aims to ensure that through staff development, action to improve quality of care becomes an intrinsic part of everyone's job, every day, in all parts of the system.

To date our [seven pilots](#) have implemented the model at ten maternity provider sites. A total of 41 supervisors of midwives (SoMs) have been developed to become PMAs.

Examples of feedback from pilot sites are illustrated by the following quotes:

“Although student midwives have some knowledge and exposure to statutory supervision they do not have any preconceived ideas or expectations of the current process. This has been an ideal opportunity to introduce the A-EQUIP approach to a group of enthusiastic and motivated practitioners who may want to work differently in line with the recommendations of Better Births and to modernise maternity services as outlined in national policy. Involving this new and motivated cohort will provide a 'virtuous cycle' of engagement among other staff in preparation for the national launch.”

(University Hospital Coventry and Warwickshire NHS Trust, South Warwickshire NHS Foundation Trust, George Eliot Hospital NHS Trust & Coventry University - Three hospital partnership introduction of A-EQUIP to new midwives)

“One to One has invested time and resources to ensure successful sustainable implementation of the A-EQUIP model following the pilot. We have a cohort of enthusiastic, passionate, self-driven midwives keen to embrace the A-EQUIP model, a successful supportive supervision team, and strong clinical leadership who are keen to embrace the model and are ready to commit the time and support required to develop and implement the model.”

(One to One Midwives – Sustainable implementation of A-EQUIP in the independent midwifery sector ;)

“Current work streams include developing shared care pathways for the most vulnerable women in our services including those suffering from perinatal ill health, to develop postnatal care provision and to explore the increased use of digital information to improve communication and care in our maternity services with A-EQUIP as an integral part.”

(Taunton and Somerset NHS Foundation Trust & Yeovil District Hospital NHS Foundation Trust – Integration of current Better Births led initiatives with the A-EQUIP Model)

Twenty Higher Education Institutes (HEIs) have expressed an interest in providing the A-EQUIP programme of preparation for existing supervisors and those wishing to

become a PMA in the future. We are supporting these organisations toward a rapid start-up by providing guidance, standards and an e-learning package.

Transition

Transitioning from a statutory model to an employer led A-EQUIP model of clinical supervision will be an iterative approach because of the preparation required to undertake the role (see enclosed a PowerPoint presentation for further information). Maternity providers should support the non statutory part of the SoM role until the PMAs are prepared.

NHS England will support the role out of the A-EQUIP model and continue to monitor its effectiveness. The dissolution of the LSA has resulted in a change of midwifery leadership at regional level. Following consultation we now have regional and deputy regional leads in all four regions. The focus of the role is to provide commissioning clinical leadership for midwifery and included in this is the requirement to support providers to embed the model.

NHS England will publish guidance once the evaluation of pilot sites is complete. This will take place before the 28 March 2017. The publication will include the findings of the evaluation and provide implementation guidance for midwives, providers, commissioners, and HEIs. The content of the enclosed PowerPoint has been informed by early evaluation findings.

Of note, the NHS Standard contract 2017-18 makes reference to midwifery supervision and the requirement to follow guidance published by NHS England regarding this.

Communications

Over the coming weeks, a number of communications will be published and available so you can learn more about the model and how it will support midwives.

The week beginning 20 March will be a dedicated week of action which will include a number of blogs, tweets and social media conversations to raise awareness of the A-EQUIP model and the role of the PMA. Keep an eye on @6CsLive for further information and join the conversation using the hashtag #a-equip.

Following the week of action, and informed by evaluation findings, the model will be formally launched within the forthcoming 'Better Births – One Year On' event on the 28 March 2017 in Manchester. On this day, we hope to publish an A-EQUIP operational guide. Please keep an eye out for this information either online at the NHS England website and/or via your Head or Director of Midwifery.

I'd like to end by asking you to familiarise yourself with the new model as much as you can. I have included a summary presentation which will assist with this and frequently asked questions and answers. I would like to take this opportunity to thank you all for your hard work and commitment. I know and understand the challenges we are facing and I hope we can align our efforts to ensure that our midwives and the people they care for all benefit from the new model.

OFFICIAL

Yours Sincerely

Jane Cummings
Chief Nursing Officer for England

cc Hilary Garratt, Director of Nursing, NHS England and Deputy Chief Nursing Officer for England

Ruth May, Executive Director of Nursing, NHS Improvement and Deputy Chief Nursing Officer for England

Attached:a-equipnewmidwiferysupervisionmodel_Feb17.pdf
FAQs